

# University of Kentucky College of Health Sciences

## College of Health Sciences Enhancement Scholarship

The College of Health Sciences is committed to creating a diverse, multicultural community of scholars and learners. To advance this commitment, we are moving forward with specific actions that demonstrate our belief in the value and richness of human differences. We are participating with the whole university in providing a model for the Commonwealth of a diverse society that celebrates human differences, and fosters a creative, supportive environment that nurtures diversity of thought, culture, gender, race and ethnicity. The core mission is to attain excellence and continue to achieve national recognition, the College of Health Sciences strives to recruit, retain, and graduate a diverse group of outstanding professional students, representing Kentucky and the nation.

Applicants for the Student Enhancement Scholarships are considered based on leadership, awards and recognition, community service and contribution to diversity. Scholarships are awarded based on a comprehensive individualized assessment. Consideration will be given to the following characteristics (with explanations on following pages):

- Students who are economically disadvantaged;
- Students who are members of ethnic or racial minority groups underrepresented in the Health Sciences profession;
- Students who will contribute to the diversity of the educational experience in the classroom or the profession; or,
- Students from an educationally disadvantaged background.

**NOTE: Incomplete applications will not be considered. Please read and carefully complete all applicable sections.**

**College of Health Sciences  
Enhancement Scholarship Application**

NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

YEAR ENTER PROGRAM \_\_\_\_\_ YEAR GRADUATE PROGRAM \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

I \_\_\_\_\_ the undersigned have provided the information on the attached Scholarship Application. I verify that the information provided is all true and accurate. To be eligible for consideration, I understand that I must be accepted for enrollment in the UK College of Health Sciences and maintain satisfactory academic progress.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

\* Notification of this award will be mailed to the above address.

To be considered for any of these scholarship programs, **application must be completed and postmarked by the priority deadline, June 10, 2009.** The application and supporting documents may be returned by mail to the below address:

Corrie Scott  
Office of Student Affairs  
UK College of Health Sciences  
Charles T. Wethington Building  
900 S. Limestone Rm. 111  
Lexington, KY 40536-0200  
Phone (859) 323-1100 ext. 80546

**Student Eligibility (Please mark an X by all that apply)**

- \_\_\_\_\_ 1. I am a student from an economically disadvantaged background (as defined in section A). You are required to complete Section A.
- \_\_\_\_\_ 2. I am a student from an educationally disadvantaged background (as defined in Section B). You are required to complete Section B.
- \_\_\_\_\_ 3. I am a student who will contribute to the diversity of the educational experience in the classroom and the profession.
- \_\_\_\_\_ 4. I am a student of an ethnic or racial minority group underrepresented in the profession of health sciences. Please indicate race:
  - White             African American             Hispanic
  - American Indian/Alaskan Native     Asian or Pacific Islander
  - Other, please specify \_\_\_\_\_

A. **Economic Disadvantage** – If you are applying based on an economic disadvantage, you must submit documentation of this status (both student and parents) for consideration (2008 federal tax and W2 forms and, a copy of your 2009-10 Student Aid Report (SAR) if you are a current recipient of federal aid).

- \_\_\_\_\_ 1. I come from a family with an annual income based at 200% of the Federal Poverty Level (FPL). Income limits are based on the Health & Human Services Poverty Guidelines (see below).

\*The following 2009 Health & Human Services (HHS) Poverty Guidelines determine what constitutes a low income family. Check one of the following that applies:

<u>Size of Family**</u>	<u>Annual Income Level***</u>
_____ 1	\$10,830
_____ 2	\$14,570
_____ 3	\$18,310
_____ 4	\$22,050
_____ 5	\$25,790
_____ 6	\$29,530
_____ 7	\$33,270
_____ 8	\$37,010

\* Kentucky Children Health Insurance Program (KCHIP), KY Cabinet for Health & Family Services

\*\* Includes only dependents listed on Federal income tax forms.

\*\*\* Adjusted gross income for calendar year 2008.

**B. Educational Disadvantage** – If you are applying based on an educational disadvantage, you are required to complete this section. A student may be considered educationally disadvantaged if he or she comes from an environment in which he or she has experienced educational challenges in obtaining the knowledge, skill, or abilities required to enroll in and graduate from a health professions program and meets at least one of the following criteria:

\_\_\_\_\_ 1. A first generation college student.

\_\_\_\_\_ 2. A student who attended a high school where the laboratory sciences, advanced placement (AP) and/or honors courses were not available. List high school attended \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ 3. Other educational disadvantage(s). Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Personal Contribution to Diversity** – All students applying for an Enhancement Scholarship are required to complete an essay. The Enhancement Scholarship is based on leadership, awards and recognitions, community service and contribution to diversity. In an attached document, write a well-composed essay that addresses how you meet these criteria and how your perspective contributes to a diverse perspective in the classroom and describe the contribution you can make to the enhancement of diversity in the College of Health Sciences and your profession.

**This section MUST be completed by all applicants.**

NAME \_\_\_\_\_ Student ID \_\_\_\_\_

Have you previously received financial aid in the form of a student loan(s)? \_\_\_\_\_

If yes, what is the approximate amount of your outstanding student loan debt? \_\_\_\_\_

At this time, do you have an interest in establishing a practice in the Commonwealth of Kentucky (no commitment involved)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what county? \_\_\_\_\_

**I. Student General Information**

A. Are you presently employed? \_\_\_\_\_ Number of hours/week? \_\_\_\_\_

Net monthly earnings? \_\_\_\_\_ Employer/Occupation? \_\_\_\_\_

B. If married, is your spouse employed? \_\_\_\_\_ Number of hours/week? \_\_\_\_\_ No. of children \_\_\_\_\_

Net monthly earnings? \_\_\_\_\_ Employer/Occupation? \_\_\_\_\_

KY Resident (for tuition purposes)? Yes \_\_\_\_\_ No \_\_\_\_\_

For graduates of a high school located in KY, list Name \_\_\_\_\_ County \_\_\_\_\_

Will spouse be enrolled in college? Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_  
College \_\_\_\_\_

C. Outstanding consumer debts (i.e. credit cards, car, mortgage, etc.):

Name of Creditor	Address	Total Amount	Monthly Payment

**STUDENT'S ANTICIPATED INCOME FOR 2009-10 ACADEMIC YEAR**

A.	From parents, or guardian per year (including gifts)	\$
B.	Relatives or other individuals	\$
C.	Student employment (net monthly income \$_____ X 12 mos.)	\$
D.	Student savings (not summer employment)	\$
E.	Spouse employment, if applicable (net monthly income \$_____ X 12mos.)	\$
F.	G.I. Benefits (or other Government Programs –Specify) _____	\$
G.	Student loans, Specify _____	\$
H.	UK Grants/Scholarships, Specify _____	
H.	College of Health Sciences Grants/Scholarships, Specify _____	\$
I.	Social Security or Welfare Aid, Specify _____	\$
J.	Other, Specify _____	\$
K.	Other, Specify _____	\$
L.	Other, Specify _____	\$
	<b>TOTAL INCOME</b>	\$

**II. Parent(s) General Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

A. Mother employed? \_\_\_\_\_ Number of hours/week? \_\_\_\_\_

Net monthly earnings? \_\_\_\_\_ Employer/Occupation? \_\_\_\_\_

B. Father employed? \_\_\_\_\_ Number of hours/week? \_\_\_\_\_

Net monthly earnings? \_\_\_\_\_ Employer/Occupation? \_\_\_\_\_

C. Size of household? \_\_\_\_\_ No. of dependents claimed on federal taxes? \_\_\_\_\_  
Number of dependents enrolled at least half-time in college? \_\_\_\_\_